

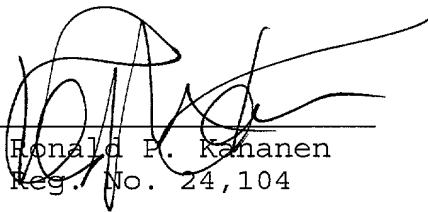
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CLAIMS AS FILED				
FOR	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$370\$740
TOTAL CLAIMS	2-20	0	X \$ 9 \$18	\$
INDEP. CLAIMS	1-3	0	X \$42 \$84	\$
Fee for Multiple Dependent Claims \$140/\$280				\$
			TOTAL FILING FEE	\$740.00

- ☐ A Preliminary Amendment is attached.
- ☐ °Verified Statement claiming small entity status is enclosed.
- ☒ Charge \$ 740.00 to Deposit Account No. 18-0013 to cover the filing fee. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 or 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 18-0013. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ cover the filing fee is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 18-0013 to cover the recordal fee. A duplicate copy of this sheet is enclosed.
- ☒ Applicant's undersigned attorney may be reached by telephone in our Washington D.C. Office at

(202) 955-3750.

All correspondence should be directed to our below listed address.



Ronald P. Kananen
Reg. No. 24,104

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